## MONTGOMERY COUNTY, MARYLAND OFFICE OF CONSUMER PROTECTION

100 Maryland Avenue, Room 330 Rockville, MD 20850 Telephone (240) 777-3636 – Fax (240) 777-3768

# Application for Certificate of Registration for Motor Vehicle Repairs, Maintenance and Towing

#### **INSTRUCTIONS**

A.

- 1. To avoid delay in the processing of your application, please be sure that you have signed the application and answered every question clearly and completely.
- **2.** Return the completed application and the license fee to the Office of Consumer Protection. Make checks payable to Montgomery County, Maryland.
- 3. Any changes in the firm's ownership, or other information affecting the validity of this license, must be submitted in writing to the Auto Repair/Towing Licensing Unit within (10) days of the change with all pertinent details.
- **4.** If you are a corporation, your corporation must be registered in Maryland, and you must provide us the name, address and telephone number of the Resident Agent.

## Please check the following boxes where applicable:

New License [ ]	Renewal License [ ]	Motor Vehicle Repair [ ]	Towing [ ]	Mobile [ ]
Corporation				
Name of Corporatio	n			
Business Name				
Mailing Address (if di	fferent from business address	s)		
Total of Mechanical Employees		Certified by ASE		
Resident Agent (in I	Maryland)			
Business Phone No.		Fax No		

Pre	esident	
Bus	siness Address	
Но	me Address	
Bu	siness Phone No	Home Phone No
Dri	iver's License No.	Mobile Phone No
Vic	ce-President	
Bu	siness Address	
Но	me Address	
Bu	siness Phone No	Home Phone No
Dri	ver's License No	Mobile Phone No
. SC	DLE PROPRIETOR OR PARTNERSHIP	
Ow	vner's Full Name	
Bu	siness Name	
Bu	siness Address	
Bu	siness Phone No	Fax No
Ma	niling Address (if different from business add	dress)
Tot	tal of Mechanical Employees	Certified by ASE
Но	me Address	
		Evening Phone No
Dri	ver's License No	Mobile Phone No
Pai	rtner's Name	
Но	me Address	
		Evening Phone No
Dri	ver's License No	Mobile Phone No

### C. CERTIFICATION:

I (we) certify the following:

- (1) That each driver of a towing vehicle will be 18 years of age or older, and possess a valid license to operate a towing vehicle.
- (2) that (we) carry, in addition to that which the state requires, a minimum of twenty-five thousand dollars (\$25,000) of insurance coverage for losses sustained by any consumer as a result of damage to his vehicle while that vehicle is in the custody and control of the licensee during towing transport and storage of the automobile by the licensee
- (3) That a copy of my current insurance binder, showing the name, address and telephone number of my insurance company, insurance agent, the policy number, and the amount of coverage afforded under this policy, is attached to this application and that I (we) will provide the Division of consumer Affairs with similar information if this insurance information or coverage changes. Montgomery County Office of Consumer Protection must be listed as a Certificate Holder on the Certificate.

[1]	[2]	[3]	[4]	[5]	[6]
[7]	_ [8]	_ [9]	[10]	_[11]	[12]
ADDRESS (ES) A	ND TELEPHONE	NUMBER(S) OF Y	OUR STORAGE F	ACILITIES	

#### LICENSE FEE SCHEDULE FOR REPAIRS AND TOWING

## D. REPAIR OR BOTH (Repair & Towing)

Average Number of Mechanical Employees		License Fee	ASE Discounted Fee	
1 - 5	Mechanical Employees	\$138.00	\$111.00	
6 - 10	Mechanical Employees	\$219.00	\$175.00	
11 - or more	Mechanical Employees	\$299.00	\$240.00	

You are entitled to a 20% discount if, 25% of the mechanics are certified by the National Institute for Automotive Service Excellence (ASE). If this applies to your business, please use the ASE Discounted Fee as noted above, accompanied by a copy of the ASE certificate for each mechanic.

D. I HEREBY CERTIFY: I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or the revocation of any license that may be issue. By signing this application hereby certify that I am authorized to sign on behalf of the business organization applying for this license.				
Print Name Individual	or Corporate Officer	Signature	Date	
Partner's Print N	Name	Signature	Date	
	ONLY FOR	OFFICIAL USE		
Registration No Check No		License Fee \$		
Date Issued		Date of Expiration		
Date Approved		Disapproved		

MVR and towing application form